

It has been my experience that appropriate life-style and dietary practices are much more effective in preventing disease and promoting wellness than in restoring health once you have lost it. And, I might add, it is much less expensive to prevent disease than to restore health.

So I agree with Dr Odell that we must educate, educate, educate. But I believe that the emphasis must be on getting appropriate mass media information to the public, emphasizing that they are largely responsible for their own health by choosing appropriate life-style and nutritional practices.

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REFERENCE

1. Odell RW, Jr: Educate, educate, educate. *In* The Aim of American medicine within the constraints of today's society—A forum. *West J Med* 1987 Jan; 146:107-108

Healing the Healers

TO THE EDITOR: Medicine is being buffeted by gale force winds of change. DRGs are challenging old habits and causing tremendous shifts from inpatient to outpatient oriented care. Traditional fee-for-service medicine is giving way in some areas to corporate for-profit medical systems. The increasing number of physicians in all specialties is raising competitive fears.

Physicians are frustrated, angry and afraid. Frustrated for feeling that these changes aren't all positive and are out of their control; angry, because even survival of the best aspects of our medical care are threatened and afraid because their role of patient advocate is being challenged, given the current new constraints.

The public continues to hold a negative image of our profession as arrogant, self-serving and greedy. I am worried that to an extent this perception is accurate. Ultimately, our profession will be judged by how we take care of our patients and how well we take care of each other. Increasingly we are seeing evidence of lack of cooperation within our own profession. Turf battles are rife as the number of physicians in various specialties increases. The doctor glut has us tripping over one another to market our products. Some specialties are increasingly reluctant to teach physicians in training in other

specialties for fear of worsening the competition. Some have forgotten the very core of the Hypocratic Oath. Hospital privileging is becoming blurred because of competitive factors, always under the seductive hubris of quality care. Continuing medical education activities are becoming elitist and closed to certain specialties.

If physicians can't treat others in their own profession with dignity, trust and respect, is it any wonder that the public doubts our true intent when we espouse these qualities in their care? These internecine squabbles will be used to further divide and conquer our profession by those whose only interest in medicine is the commercial ability to exploit it. We must use the glue of cooperation to heal these wounds in our own profession. Our specialty organizations must be leaders in this effort. Only when we begin healing ourselves by showing mutual trust, respect and dignity toward one another will we be successful in healing our image in the eyes of the public.

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Correction: Common AIDS-Related Problems

TO THE EDITOR: In reading the article "Practical Management of Common AIDS-Related Medical Problems"¹ by Dr Harry Hollander in the February 1987 issue, I noted what I believe is an error in Table 6 ("Causes of Diarrhea in Patients at Risk for Acquired Immunodeficiency Syndrome") on page 239. Under the section "Infectious enterocolitis," it appears that *Entamoeba histolytica* was incorrectly printed as *Escherichia histolytica*.

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REFERENCE

1. Hollander H: Practical management of common AIDS-related medical problems. *West J Med* 1987 Feb; 146:237-240

Editor's Note:

Ms Kurahashi is correct. It should have been *Entamoeba histolytica*.